The mission of the Maternal and Family Health Administration (the Administration) is to plan, promote and coordinate the development of an integrated community based health delivery system, to improve health outcomes, and to foster public private partnerships for women, infants, children, children with special health care needs, adolescents, families (including fathers) and seniors. The Administration is the single state agency that administers the Title V Maternal and Child Health Services Block Grant, and it is also responsible for developing and assuring the implementation of programs addressing special maternal and child health problems, including infant mortality, teen pregnancy, metabolic disorders, and disabilities and barriers to accessing appropriate health services.

MATERNAL & CHILD HEALTH (MCH) MEASURES

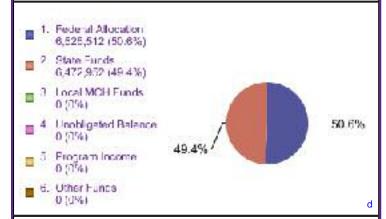
MATERNAL & CHILD HEALTH (MCH) M	LASORES	
Title V - MCH National Performance Measures	State 2004 Results	State 2009 Goal
The percent of newborns who are screened and confirmed with condition(s) mandated by their Statesponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.	100.0%	100%
The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)	41.4%	44%
Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)	69.9%	73%
Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.	82%	75%
The rate of birth (per 1,000) for teenagers aged 15 through 17 years.	39	32
The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.	3.2	3
Percentage of mothers who breastfeed their infants at hospital discharge.	65.5%	68%
Percentage of newborns who have been screened for hearing before hospital discharge.	97.3%	100%
The percent of very low birth weight infants among all live births.	2.3%	2%
Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.	75%	80%
Title V - MCH National Outcome Measures	State 2004 Results	State 2009 Goal
The infant mortality rate per 1,000 live births.	10	9.4
The ratio of the black infant mortality rate to the white infant mortality rate.	6.7	4.5
The neonatal mortality rate per 1,000 live births.	6.8	6.2
The postneonatal mortality rate per 1,000 live births.	3.2	2.8
The perinatal mortality rate per 1,000 live births plus fetal deaths.	24	18
The child death rate per 100,000 children aged 1 through 14.	28.8	24
Title V - Selected MCH State Performance Measures	State 2004 Results	State 2009 Goal
Percent of live births to women who receive adequate prenatal care (Kotlechuck)	59.2	70.5
Percent of Medicaid enrolles receiving EPSDT screening	71.3	80
Prevalence of lead levels > 10 ug/dL among chldren through age 6	1.3	1.9

State Population: 557,620 Live Births: 7,606

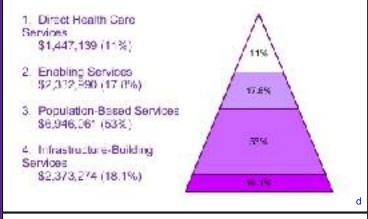
TITLE V FEDERAL - STATE BLOCK GRANT EXPENDITURES

By Number of Individuals Served and Population Group				
Populations Served	Number of Individuals Served	Expenditures FY 2004		
Pregnant Women	786	\$1,009,084	7.7%	
Infants < 1 year old	14,830	\$1,006,986	7.7%	
Children 1 to 22 years old	31,626	\$2,448,869	18.7%	
Children with Special Healthcare Needs	398	\$1,285,935	9.8%	
Others	10,841	\$6,849,531	52.3%	
Administration		\$499,059	3.8%	
Totals	58,481	\$13,099,464	100%	





By Category of Services



HOTLINE CALLS

FAMILY PARTICIPATION IN CSHCN PROGRAM

Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

Family members are involved in service training of CSHCN staff and providers.

Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

Family members of diverse cultures 1 are involved in all of the above activities.

FY 2004 Total: 13

18

Scale: 0 = Not Met 1 = Partially Met

Total Possible:

2 = Mostly Met 3 = Completely Met

MCH PARTNERSHIP FUNDS FY 2004

Title V Federal-State Block Grant:

13,099,464

Other MCHB Grant Programs:

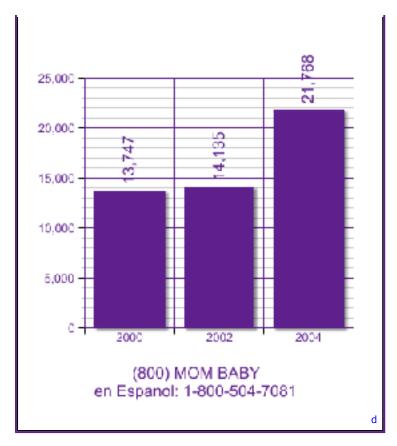
12,061,575

Bioterrorism Grant Program:

2,205,406

Total MCH Partnership Funds:

27,366,445



CONTACT INFORMATION

For More Information on Title V:

Title V Program, contact:

Marilyn Seabrooks Myrdal, MPA

Title V officer

Department of Health, Maternal and Family Health Administration, 825 North Capitol Street NE, 3rd Fl

Washington, DC 20002

202 442 9333

202 4424947/4948

marilyn.seabrooks@dc.gov

http://dchealth.dc.gov

Title V Program's Services for Children with Special Health Care Needs, contact:

Joyce Brooks, MSW

Special Needs Coordinator

Department of Health, Maternal and Family Health Administration, 825 North Capitol Street NE, 3rd Fl Washington, DC 20002

202 727 7540

202 727 7789

joyce.brooks@dc.gov

http://dchealth.dc.gov

* Data not available